

Foster Family Home - Deficiency Report

Provider ID: 1-160078

Home Name: Marissa Roman, CNA

Review ID: 1-160078-10

99-056 Iele Place

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 9/8/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 10/8/2021.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)- CG#1's Ecrim lapsed on 7/1/2021 and renewed on 8/28/2021.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#4 and HHM#1.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(b)(4)- No completed [REDACTED] Caregiver Disclosure form present for CG#4 in the CCFFH binder.

41.(e)- No copy of Identification present for CG#4 and HHM#1 in the CCFFH binder.

Foster Family Home	Quality Assurance	[11-800-50]
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50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#3 and CG#4 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
54.(c)(5) Medication schedule checklist;
54.(c)(8) Personal inventory.

Comment:

54.(c)(2)- Client #1's Service Plan dated 6/1/2021 without the client/POA's signature.
54.(c)(5)- One daily/regularly scheduled medication of Client #3 with no signature from 9/1/2021-9/8/2021.
54.(c)(8)- No completed Personal Inventory List for Client #1.

Maikel Nakamine, RW 9/8/2021

Compliance Manager

Date

Marysa Roman

Primary Care Giver

9/8/21
Date

CTA RN Compliance Manager:

Maribel Nakamine

Community Care Foster Family Home (CCFFH)

Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate: MARISSA C. ROMAN

(PLEASE PRINT)

CCFFH Address: 99-056 Ie'Ie Place, Aiea, HI-96701

(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
§.6(a)(1)	CG #1 Obtained a current Ecrim	8/28/21	will utilize an iPhone calendar to schedule and prevent any requirement from appearing in the future
11.6(b)(3)	CG #4 and HHH #1 was provided a confidentiality policies and procedures and client privacy rights training by CG #1 and filed in the home binder	9/10/21	CG #1 will do the confidentiality policies procedures and client privacy rights training within 10 days of adding a house hold member and new substitute caregiver will utilize calendar to schedule
11.6(b)(4)	CG #4 signed a [REDACTED] caregiver Disclosure form and filed CCFFH binder	9/10/21	The house will prepare a [REDACTED] caregiver disclosure for a new substitute to fill and sign in the future

☒ All items that were fixed are attached to this CAPPCG's Signature: Marissa RomanDate: 9/27/21☒ CTA has reviewed all corrected items

Maribel Nakamine

CTA RN Compliance Manager: _____

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: MARISSA C. ROMAN
(PLEASE PRINT)

CCFFH Address: 99-056 Le'Ie Place, Aiea, HI. 96701
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(e)	Obtained a copy of CG #4 and HHM #1 Identification and filed in the CCFFH binder	9/10/21	The home will copy and file in CCFFH binder the new household member and new caregiver's identification in the future
50.(a)	CG #3 and CG #4 Signed the Emergency preparedness plan as evidenced that training was received received	9/10/21	The home will do the Emergency Preparedness plan training within 10 days of adding a new caregiver and household member
54.(c)(2)	Client #1 POA signed the Service Plan dated 6/1/21. An Alternate transportation Plan filed in CCFFH binder	9/9/21	The home shall have the service plan signed within 10 days by the client/POA upon receipt from agency. The home shall prepare an updated alternate transportation plan with the name of new caregiver added.

☒ All items that were fixed are attached to this CAP

 PCG's Signature: Marissa Roman

 Date: 9/27/21
☒ CTA has reviewed all corrected items

Maribel Nakamine

CTA RN Compliance Manager: _____

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: MARISSA C. ROMAN
(PLEASE PRINT)

CCFFH Address: 99-056 Tē'e Place, Aiea, HI. 96701
(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
54(c)(5)	CG #1 signed client #3 daily regularly Scheduled Medication from 9/1/2021 - 9/8/2021	9/8/21	The home shall sign the medication schedule on a daily basis in the future
54(c)(8)	The home completed an inventory of client's personal belongings.	9/9/21	The home will do a personal inventory of client's belongings on the day of a new client's admission

☒ All items that were fixed are attached to this CAP

PCG's Signature: Marissa Roman

Date: 9/27/21

☒ CTA has reviewed all corrected items